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APPLICANTS

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** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY FL	SHEETS DRAWING	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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ADDRESS

20306
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60606TITLE
Identification of *A* actinobacillus actinomycetemcomitans antigens for use in the diagnosis, treatment, and monitoring of periodontal diseases

FILING FEE RECEIVED 1233	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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